

Regence BlueShield

2006 Monthly Rates for Individual Plans

Rate Effective Date 7/1/2006

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual Selections 2001, \$500 Deductible	Smoker	\$114	\$102	\$142	\$142	\$174	\$213	\$271	\$317	\$361	\$431	\$530
	Non-Smoker	\$114	\$102	\$127	\$127	\$158	\$185	\$233	\$271	\$309	\$376	\$452
Individual Selections 2001, \$1,000 Deductible	Smoker	\$100	\$91	\$129	\$129	\$157	\$192	\$243	\$287	\$327	\$389	\$478
	Non-Smoker	\$100	\$91	\$117	\$117	\$143	\$166	\$210	\$243	\$279	\$339	\$409
Individual Selections 2001, \$1,500 Deductible	Smoker	\$54	\$48	\$63	\$63	\$79	\$99	\$124	\$141	\$162	\$194	\$233
	Non-Smoker	\$54	\$48	\$57	\$57	\$68	\$84	\$105	\$121	\$141	\$166	\$198
Individual PPO 2002, \$750 Deductible	Smoker	\$126	\$113	\$157	\$157	\$193	\$233	\$299	\$351	\$399	\$475	\$586
	Non-Smoker	\$126	\$113	\$142	\$142	\$174	\$205	\$257	\$299	\$342	\$415	\$500
Individual PPO 2002, \$1,500 Deductible	Smoker	\$61	\$55	\$70	\$70	\$89	\$112	\$137	\$158	\$181	\$217	\$260
	Non-Smoker	\$61	\$55	\$63	\$63	\$78	\$94	\$119	\$136	\$158	\$188	\$220
Individual HSA, \$2500 Deductible for Individual	Smoker	N/A	N/A	\$74	\$74	\$93	\$118	\$143	\$165	\$189	\$228	\$274
	Non-Smoker	N/A	N/A	\$67	\$67	\$82	\$98	\$125	\$143	\$165	\$198	\$232
Individual HSA, \$5000 Deductible for Family	Smoker Subscriber or Spouse	\$51	\$50	\$59	\$59	\$74	\$93	\$114	\$133	\$151	\$181	\$218
	Non-Smoker Subscriber or Spouse	\$51	\$50	\$53	\$53	\$65	\$77	\$99	\$114	\$133	\$157	\$182
Individual Breakthru 80 Plan, \$500 Deductible	Smoker	\$126	\$114	\$158	\$179	\$209	\$246	\$294	\$354	\$420	\$495	\$589
	Non-Smoker	\$126	\$114	\$136	\$155	\$180	\$213	\$254	\$307	\$362	\$428	\$508
Individual Breakthru 80 Plan, \$1,500 Deductible	Smoker	\$99	\$90	\$124	\$142	\$164	\$194	\$231	\$279	\$331	\$390	\$465
	Non-Smoker	\$99	\$90	\$107	\$123	\$143	\$167	\$200	\$242	\$286	\$337	\$401
Individual Breakthru 70 Plan, \$1,000 Deductible	Smoker	\$100	\$89	\$124	\$142	\$165	\$195	\$233	\$281	\$332	\$391	\$465
	Non-Smoker	\$100	\$89	\$107	\$123	\$143	\$169	\$201	\$243	\$288	\$339	\$401
Individual Breakthru 70 Plan, \$3,000 Deductible	Smoker	\$66	\$59	\$82	\$93	\$109	\$128	\$153	\$185	\$219	\$257	\$306
	Non-Smoker	\$66	\$59	\$70	\$81	\$94	\$111	\$132	\$161	\$189	\$223	\$262
Individual Breakthru 50 Plan, \$2,500 Deductible	Smoker	\$35	\$32	\$44	\$50	\$58	\$68	\$82	\$99	\$117	\$138	\$163
	Non-Smoker	\$35	\$32	\$38	\$43	\$51	\$60	\$71	\$86	\$102	\$120	\$141
Individual Breakthru 50 Plan, \$5,000 Deductible	Smoker	\$29	\$26	\$36	\$41	\$48	\$56	\$67	\$81	\$96	\$113	\$135
	Non-Smoker	\$29	\$26	\$31	\$35	\$41	\$48	\$58	\$70	\$83	\$98	\$116

Asuris Northwest Health

2006 Monthly Rates for Individual Plans Rate Effective Date 1/1/2006

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual PPO 80/50 2004 Plan, \$750 Deductible	Smoker	\$133	\$119	\$165	\$165	\$203	\$245	\$315	\$369	\$420	\$500	\$617
	Non-Smoker	\$133	\$119	\$149	\$149	\$183	\$216	\$271	\$315	\$360	\$437	\$526
Individual PPO 80/50 2004 Plan, \$1,500 Deductible	Smoker	\$64	\$58	\$74	\$74	\$94	\$118	\$144	\$166	\$190	\$228	\$274
	Non-Smoker	\$64	\$58	\$66	\$66	\$82	\$99	\$125	\$143	\$166	\$198	\$232
Individual HSA Qualified Preferred Catastrophic Plan \$2,500 Deductible, Individual	Smoker	N/A	N/A	\$78	\$78	\$98	\$124	\$151	\$174	\$199	\$240	\$288
	Non-Smoker	N/A	N/A	\$70	\$70	\$86	\$103	\$132	\$150	\$174	\$208	\$244
Individual HSA Qualified Preferred Catastrophic Plan \$5,000 Deductible, Family	Smoker	\$54	\$53	\$62	\$62	\$78	\$98	\$120	\$140	\$159	\$190	\$229
	Non-Smoker	\$54	\$53	\$56	\$56	\$68	\$81	\$104	\$120	\$140	\$165	\$192

Premera BlueCross Individual Plans
Effective 6/1/2006

Per Adult	Heritage Preferred Plus Contract -014919 (10-2005)		Heritage Preferred Plus Contract -014921 (10-2005)	
	Plus 20		Plus 30	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$332	\$386	\$293	\$341
25-29	\$394	\$459	\$348	\$405
30-34	\$410	\$478	\$363	\$421
35-39	\$459	\$534	\$405	\$472
40-44	\$606	\$704	\$535	\$622
45-49	\$704	\$843	\$622	\$723
50-54	\$809	\$940	\$714	\$831
55-59	\$980	\$1,139	\$865	\$1,006
60-64	\$1,144	\$1,330	\$1,011	\$1,175
65+	\$1,226	\$1,426	\$1,083	\$1,259
Per Child	\$252		\$223	

Per Adult	Heritage Protector Plus Contract - 014927 (10-2005)			
	Deductible \$500		Deductible \$1,000	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$104	\$121	\$87	\$102
25-29	\$124	\$145	\$104	\$121
30-34	\$129	\$149	\$108	\$126
35-39	\$145	\$168	\$121	\$141
40-44	\$191	\$222	\$160	\$186
45-49	\$222	\$257	\$186	\$216
50-54	\$254	\$295	\$213	\$247
55-59	\$307	\$358	\$258	\$300
60-64	\$360	\$418	\$301	\$352
65+	\$386	\$448	\$323	\$376
Per Child	\$80		\$66	

Per Adult	Heritage Value Plus Contract - 014923 (10-2005)					
	Deductible \$2,500		Deductible \$5,000		Deductible \$10,000	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$160	\$186	\$134	\$154	\$88	\$103
25-29	\$191	\$222	\$158	\$184	\$105	\$123
30-34	\$198	\$230	\$164	\$191	\$109	\$127
35-39	\$222	\$258	\$184	\$214	\$123	\$142
40-44	\$293	\$341	\$244	\$283	\$162	\$187
45-49	\$341	\$396	\$283	\$328	\$187	\$218
50-54	\$391	\$454	\$325	\$377	\$216	\$250
55-59	\$473	\$550	\$393	\$457	\$261	\$303
60-64	\$552	\$643	\$459	\$534	\$304	\$354
65+	\$593	\$688	\$492	\$572	\$326	\$380
Per Child	\$121		\$102		\$67	

Group Health Cooperative of Puget Sound

2006 Monthly Rates for Individual Market Plans
New Plans Effective 4/1/2006

Plan Name	Area	Smoker/Non-Smoker	Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+ (N)	(A&B)	(A)	(B)
\$500 Deductible-06	Western	Smoker	\$180	\$215	\$215	\$251	\$279	\$296	\$350	\$396	\$481	\$580	\$580	\$305	\$731	\$731
		Non-Smoker	\$180	\$195	\$195	\$228	\$254	\$269	\$318	\$360	\$437	\$527	\$527	\$305	\$731	\$731
	Eastern	Smoker	\$199	\$239	\$239	\$273	\$310	\$326	\$383	\$436	\$530	\$639	\$639	\$305	\$813	\$750
		Non-Smoker	\$199	\$217	\$217	\$248	\$282	\$296	\$348	\$396	\$482	\$581	\$581	\$305	\$813	\$750
	Central	Smoker	\$221	\$262	\$262	\$304	\$343	\$362	\$425	\$482	\$584	\$706	\$706	\$305	\$892	\$750
		Non-Smoker	\$221	\$238	\$238	\$276	\$312	\$329	\$386	\$438	\$531	\$642	\$642	\$305	\$892	\$750
\$1,500 Deductible Catastrophic-06	Western	Smoker	\$92	\$96	\$98	\$109	\$118	\$139	\$155	\$179	\$220	\$279	\$331	\$192	\$325	\$325
		Non-Smoker	\$92	\$87	\$89	\$99	\$107	\$126	\$141	\$163	\$200	\$254	\$301	\$192	\$325	\$325
	Eastern	Smoker	\$100	\$107	\$108	\$122	\$132	\$155	\$167	\$199	\$241	\$309	\$363	\$192	\$363	\$363
		Non-Smoker	\$100	\$97	\$98	\$111	\$120	\$141	\$152	\$181	\$219	\$281	\$330	\$192	\$363	\$363
	Central	Smoker	\$112	\$117	\$118	\$133	\$144	\$167	\$187	\$220	\$270	\$343	\$403	\$192	\$397	\$397
		Non-Smoker	\$112	\$106	\$107	\$121	\$131	\$152	\$170	\$200	\$245	\$312	\$366	\$192	\$397	\$397
\$5,000 Deductible Catastrophic-06	Western	Smoker	\$64	\$67	\$67	\$77	\$83	\$96	\$108	\$124	\$149	\$190	\$224	\$192	\$228	\$228
		Non-Smoker	\$64	\$61	\$61	\$70	\$75	\$87	\$98	\$113	\$135	\$173	\$204	\$192	\$228	\$228
	Eastern	Smoker	\$74	\$75	\$79	\$89	\$96	\$109	\$122	\$142	\$171	\$219	\$255	\$192	\$255	\$255
		Non-Smoker	\$74	\$68	\$72	\$81	\$87	\$99	\$111	\$129	\$155	\$199	\$232	\$192	\$255	\$255
	Central	Smoker	\$81	\$84	\$85	\$96	\$107	\$122	\$133	\$157	\$189	\$240	\$284	\$192	\$285	\$285
		Non-Smoker	\$81	\$76	\$77	\$87	\$97	\$111	\$121	\$143	\$172	\$218	\$258	\$192	\$285	\$285
Welcome \$500 Deductible	Western	Smoker	\$164	\$195	\$195	\$227	\$253	\$268	\$316	\$358	\$432	\$521	\$521	\$305	\$663	\$663
		Non-Smoker	\$164	\$177	\$177	\$206	\$230	\$244	\$287	\$325	\$393	\$474	\$474	\$305	\$663	\$663
	Eastern	Smoker	\$179	\$212	\$212	\$248	\$277	\$294	\$345	\$393	\$475	\$573	\$573	\$305	\$723	\$723
		Non-Smoker	\$179	\$193	\$193	\$225	\$252	\$267	\$314	\$357	\$432	\$521	\$521	\$305	\$723	\$723
	Central	Smoker	\$194	\$232	\$232	\$271	\$303	\$321	\$380	\$430	\$523	\$630	\$630	\$305	\$791	\$750
		Non-Smoker	\$194	\$211	\$211	\$246	\$275	\$292	\$345	\$391	\$475	\$573	\$573	\$305	\$791	\$750
Welcome \$1,500 Deductible	Western	Smoker	\$85	\$88	\$90	\$100	\$108	\$127	\$141	\$162	\$198	\$252	\$298	\$192	\$300	\$300
		Non-Smoker	\$85	\$80	\$82	\$91	\$98	\$115	\$128	\$147	\$180	\$229	\$271	\$192	\$300	\$300
	Eastern	Smoker	\$85	\$88	\$90	\$100	\$108	\$127	\$141	\$162	\$198	\$252	\$298	\$192	\$300	\$300
		Non-Smoker	\$85	\$80	\$82	\$91	\$98	\$115	\$128	\$147	\$180	\$229	\$271	\$192	\$300	\$300
	Central	Smoker	\$98	\$101	\$103	\$117	\$125	\$147	\$166	\$191	\$235	\$300	\$358	\$192	\$345	\$345
		Non-Smoker	\$98	\$92	\$94	\$106	\$114	\$134	\$151	\$174	\$214	\$273	\$325	\$192	\$345	\$345
\$2,500 Deductible	Western	Smoker	\$68	\$72	\$73	\$80	\$86	\$99	\$110	\$125	\$151	\$189	\$223	\$192	\$243	\$243
		Non-Smoker	\$68	\$65	\$66	\$73	\$78	\$90	\$100	\$114	\$137	\$172	\$203	\$192	\$243	\$243
	Eastern	Smoker	\$73	\$76	\$77	\$86	\$92	\$107	\$118	\$135	\$164	\$207	\$243	\$192	\$258	\$258
		Non-Smoker	\$73	\$69	\$70	\$78	\$84	\$97	\$107	\$123	\$149	\$188	\$221	\$192	\$258	\$258
	Central	Smoker	\$78	\$80	\$83	\$91	\$99	\$114	\$128	\$146	\$178	\$226	\$266	\$192	\$273	\$273
		Non-Smoker	\$78	\$73	\$75	\$83	\$90	\$104	\$116	\$133	\$162	\$205	\$242	\$192	\$273	\$273
HSA \$1500 Individual/\$3000 Family	Western	Smoker	\$88	\$91	\$94	\$105	\$112	\$131	\$146	\$169	\$208	\$263	\$312	\$192	\$311	\$311
		Non-Smoker	\$88	\$83	\$85	\$95	\$102	\$119	\$133	\$154	\$189	\$239	\$284	\$192	\$311	\$311
	Eastern	Smoker	\$95	\$98	\$100	\$112	\$121	\$142	\$160	\$185	\$227	\$288	\$342	\$192	\$333	\$333
		Non-Smoker	\$95	\$89	\$91	\$102	\$110	\$129	\$145	\$168	\$206	\$262	\$311	\$192	\$333	\$333
	Central	Smoker	\$102	\$105	\$108	\$121	\$131	\$154	\$173	\$200	\$248	\$315	\$375	\$192	\$356	\$356
		Non-Smoker	\$102	\$95	\$98	\$110	\$119	\$140	\$157	\$182	\$225	\$286	\$341	\$192	\$356	\$356
HSA \$2500 Individual/\$5000 Family	Western	Smoker	\$75	\$78	\$80	\$88	\$95	\$110	\$122	\$141	\$171	\$216	\$254	\$192	\$266	\$266
		Non-Smoker	\$75	\$71	\$73	\$80	\$86	\$100	\$111	\$128	\$155	\$196	\$231	\$192	\$266	\$266
	Eastern	Smoker	\$81	\$84	\$86	\$95	\$102	\$119	\$133	\$153	\$186	\$235	\$278	\$192	\$285	\$285
		Non-Smoker	\$81	\$76	\$78	\$86	\$93	\$108	\$121	\$139	\$169	\$214	\$253	\$192	\$285	\$285
	Central	Smoker	\$86	\$89	\$91	\$102	\$110	\$129	\$144	\$165	\$202	\$257	\$305	\$192	\$303	\$303
		Non-Smoker	\$86	\$81	\$83	\$93	\$100	\$117	\$131	\$150	\$184	\$234	\$277	\$192	\$303	\$303

65+(N): 65 and over, not eligible for Medicare
(A&B): Plan members enrolled in Medicare Parts A and B
(A): Plan members enrolled in Medicare Part A
(B): Plan members enrolled in Medicare Part B

KPS Health Plan

2006 Monthly Rates for Individual Plans

Rate Effective Date 3/1/2006

Page One

Plan Name	Area	Smoker/Non-Smoker	Per Child	Age Band <25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Sound Harbor Classic Five \$500 Deductible	West	Smoker	\$133	\$230	\$281	\$298	\$302	\$316	\$338	\$424	\$559	\$711
		Non-Smoker	133	\$195	\$239	\$253	\$256	\$268	\$287	\$359	\$474	\$603
Sound Harbor Classic Five \$500 Deductible	East	Smoker	\$149	\$257	\$315	\$334	\$339	\$354	\$379	\$475	\$626	\$796
		Non-Smoker	\$149	\$219	\$267	\$283	\$287	\$300	\$321	\$402	\$531	\$675
Sound Harbor Classic 50/50 \$700 Deductible	West	Smoker	\$108	\$190	\$232	\$245	\$249	\$260	\$278	\$349	\$460	\$585
		Non-Smoker	\$108	\$158	\$193	\$205	\$208	\$216	\$232	\$291	\$384	\$488
Sound Harbor Classic 50/50 \$700 Deductible	East	Smoker	\$121	\$213	\$260	\$275	\$279	\$291	\$312	\$391	\$515	\$656
		Non-Smoker	\$121	\$177	\$216	\$229	\$233	\$242	\$260	\$326	\$430	\$546
Sound Harbor Essential Five \$1,500 Deductible	West	Smoker	\$71	\$106	\$115	\$122	\$133	\$159	\$180	\$228	\$297	\$378
		Non-Smoker	\$71	\$89	\$98	\$103	\$113	\$135	\$153	\$193	\$251	\$320
Sound Harbor Essential Five \$1,500 Deductible	East	Smoker	\$79	\$119	\$129	\$136	\$149	\$179	\$201	\$255	\$332	\$423
		Non-Smoker	\$79	\$100	\$109	\$116	\$127	\$151	\$171	\$216	\$281	\$358
Sound Harbor Essential Five \$2,500 Deductible	West	Smoker	\$56	\$83	\$93	\$98	\$107	\$128	\$145	\$184	\$239	\$303
		Non-Smoker	\$56	\$71	\$78	\$83	\$91	\$109	\$123	\$156	\$202	\$257
Sound Harbor Essential Five \$2,500 Deductible	East	Smoker	\$63	\$93	\$104	\$109	\$120	\$144	\$162	\$206	\$267	\$340
		Non-Smoker	\$63	\$79	\$88	\$93	\$102	\$122	\$137	\$174	\$226	\$288
Sound Harbor Essential Five \$5,000 Deductible	West	Smoker	\$38	\$57	\$63	\$66	\$71	\$87	\$98	\$125	\$162	\$205
		Non-Smoker	\$38	\$48	\$53	\$56	\$61	\$73	\$83	\$105	\$137	\$174
Sound Harbor Essential Five \$5,000 Deductible	East	Smoker	\$42	\$64	\$70	\$74	\$80	\$97	\$109	\$140	\$182	\$229
		Non-Smoker	\$42	\$54	\$60	\$63	\$68	\$82	\$93	\$118	\$154	\$195
KPS Home Choice \$350 Deductible	Home Choice	Smoker	\$101	\$150	\$169	\$199	\$234	\$278	\$336	\$397	\$468	\$559
		Non-Smoker	\$101	\$127	\$144	\$169	\$199	\$237	\$286	\$338	\$398	\$476
KPS Home Choice \$750 Deductible	Home Choice	Smoker	\$83	\$126	\$140	\$166	\$194	\$233	\$281	\$331	\$391	\$468
		Non-Smoker	\$83	\$104	\$117	\$138	\$162	\$194	\$234	\$276	\$326	\$390

West Area Counties: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom

East Area Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima

Home Choice Area Counties: Clallam, Jefferson, Kitsap and Mason

KPS Health Plan

2006 Monthly Rates for Individual Plans
Rate Effective Date 3/1/2006
Page Two

Plan Name	Area	Smoker/Non-Smoker	Per Child	Age Band <25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
The Healthy Investor \$1,600 Deductible for Individual	West	Smoker	N/A	\$100	\$110	\$118	\$128	\$154	\$172	\$219	\$284	\$362
		Non-Smoker	N/A	\$85	\$94	\$99	\$108	\$130	\$146	\$185	\$241	\$307
The Healthy Investor \$3,200 Deductible for Family	West	Smoker	\$66	\$98	\$108	\$114	\$125	\$151	\$167	\$213	\$277	\$354
		Non-Smoker	\$66	\$83	\$92	\$97	\$105	\$128	\$142	\$181	\$235	\$299
The Healthy Investor \$1,600 Deductible for Individual	East	Smoker	N/A	\$113	\$123	\$132	\$143	\$172	\$193	\$246	\$318	\$406
		Non-Smoker	N/A	\$95	\$105	\$111	\$121	\$146	\$163	\$208	\$269	\$344
The Healthy Investor \$3,200 Deductible for Family	East	Smoker	\$74	\$109	\$121	\$128	\$140	\$169	\$187	\$239	\$311	\$396
		Non-Smoker	\$74	\$93	\$103	\$108	\$118	\$143	\$159	\$202	\$263	\$335
The Healthy Investor \$2,600 Deductible for Individual	West	Smoker	N/A	\$82	\$91	\$97	\$105	\$127	\$141	\$180	\$234	\$298
		Non-Smoker	N/A	\$70	\$77	\$82	\$89	\$107	\$120	\$153	\$198	\$252
The Healthy Investor \$5,150 Deductible for Family	West	Smoker	\$54	\$77	\$86	\$91	\$98	\$119	\$133	\$170	\$220	\$279
		Non-Smoker	\$54	\$66	\$72	\$77	\$83	\$100	\$113	\$144	\$186	\$237
The Healthy Investor \$2,600 Deductible for Individual	East	Smoker	N/A	\$92	\$102	\$108	\$118	\$142	\$158	\$201	\$262	\$333
		Non-Smoker	N/A	\$78	\$87	\$92	\$100	\$120	\$134	\$171	\$222	\$282
The Healthy Investor \$5,150 Deductible for Family	East	Smoker	\$61	\$87	\$96	\$102	\$109	\$133	\$149	\$190	\$247	\$313
		Non-Smoker	\$61	\$74	\$81	\$87	\$93	\$113	\$127	\$161	\$209	\$265
The Healthy Investor Rx Option \$1,600 Deductible for Individual	West	Smoker	N/A	\$124	\$137	\$145	\$159	\$195	\$225	\$289	\$364	\$446
		Non-Smoker	N/A	\$105	\$116	\$123	\$135	\$165	\$191	\$245	\$309	\$378
The Healthy Investor Rx Option \$3,200 Deductible for Family	West	Smoker	\$81	\$121	\$134	\$142	\$155	\$192	\$219	\$283	\$355	\$435
		Non-Smoker	\$81	\$102	\$113	\$120	\$131	\$162	\$186	\$240	\$301	\$368
The Healthy Investor Rx Option \$1,600 Deductible for Individual	East	Smoker	N/A	\$138	\$153	\$162	\$179	\$218	\$252	\$324	\$408	\$500
		Non-Smoker	N/A	\$117	\$130	\$137	\$151	\$185	\$214	\$275	\$346	\$423
The Healthy Investor Rx Option \$3,200 Deductible for Family	East	Smoker	\$91	\$135	\$150	\$159	\$174	\$215	\$245	\$317	\$398	\$487
		Non-Smoker	\$91	\$115	\$127	\$135	\$147	\$182	\$208	\$269	\$337	\$413
The Healthy Investor Rx Option \$2,600 Deductible for Individual	West	Smoker	N/A	\$102	\$112	\$120	\$131	\$160	\$185	\$239	\$299	\$366
		Non-Smoker	N/A	\$86	\$95	\$102	\$111	\$136	\$157	\$203	\$254	\$310
The Healthy Investor Rx Option \$5,150 Deductible for Family	West	Smoker	\$67	\$96	\$105	\$113	\$122	\$150	\$174	\$225	\$281	\$345
		Non-Smoker	\$67	\$81	\$89	\$95	\$104	\$127	\$148	\$191	\$238	\$292
The Healthy Investor Rx Option \$2,600 Deductible for Individual	East	Smoker	N/A	\$114	\$125	\$134	\$147	\$180	\$207	\$268	\$335	\$410
		Non-Smoker	N/A	\$97	\$106	\$114	\$125	\$152	\$176	\$227	\$284	\$348
The Healthy Investor Rx Option \$5,150 Deductible for Family	East	Smoker	\$75	\$107	\$117	\$126	\$137	\$168	\$195	\$252	\$315	\$386
		Non-Smoker	\$75	\$91	\$99	\$107	\$116	\$142	\$165	\$214	\$267	\$327

West Area Counties: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom
East Area Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima
Home Choice Area Counties: Clallam, Jefferson, Kitsap and Mason

Regence BlueCross BlueShield of Oregon

2006 Monthly Rates for Individual Market Plans

Rate Effective Date 03/01/2006

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Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Blue Selections PPO \$1,000 Deductible	Smoker Individual	\$127	\$135	\$160	\$176	\$245	\$291	\$337	\$406	\$466
	Smoker Married Couple	\$254	\$270	\$320	\$352	\$490	\$582	\$674	\$812	\$932
	Smoker 1 Adult & Children	\$196	\$208	\$246	\$271	\$377	\$448	\$519	\$625	\$718
	Smoker Family	\$406	\$432	\$512	\$563	\$735	\$815	\$876	\$934	\$1,072
	Non-Smoker Individual	\$114	\$120	\$143	\$157	\$219	\$260	\$301	\$363	\$416
	Non-Smoker Married Couple	\$228	\$240	\$286	\$314	\$438	\$520	\$602	\$726	\$832
	Non-Smoker One Adult & Children	\$176	\$185	\$220	\$242	\$337	\$400	\$464	\$559	\$641
	Non-Smoker Family	\$365	\$384	\$458	\$502	\$657	\$728	\$783	\$835	\$957
Blue Selections PPO \$2,500 Deductible	Smoker Individual	\$105	\$111	\$133	\$146	\$203	\$241	\$279	\$336	\$386
	Smoker Married Couple	\$210	\$222	\$266	\$292	\$406	\$482	\$558	\$672	\$772
	Smoker One Adult & Children	\$162	\$171	\$205	\$225	\$313	\$371	\$430	\$517	\$594
	Smoker Family	\$336	\$355	\$426	\$467	\$609	\$675	\$725	\$773	\$888
	Non-Smoker Individual	\$94	\$100	\$119	\$131	\$182	\$216	\$250	\$301	\$346
	Non-Smoker Married Couple	\$188	\$200	\$238	\$262	\$364	\$432	\$500	\$602	\$692
	Non-Smoker One Adult & Children	\$145	\$154	\$183	\$202	\$280	\$333	\$385	\$464	\$533
	Non-Smoker Family	\$301	\$320	\$381	\$419	\$546	\$605	\$650	\$692	\$796
Blue Selections PPO \$5,000 Deductible	Smoker Individual	\$86	\$92	\$109	\$120	\$167	\$198	\$229	\$276	\$317
	Smoker Married Couple	\$172	\$184	\$218	\$240	\$334	\$396	\$458	\$552	\$634
	Smoker One Adult & Children	\$132	\$142	\$168	\$185	\$257	\$305	\$353	\$425	\$488
	Smoker Family	\$275	\$294	\$349	\$384	\$501	\$554	\$595	\$635	\$729
	Non-Smoker Individual	\$77	\$81	\$97	\$107	\$148	\$176	\$204	\$246	\$282
	Non-Smoker Married Couple	\$154	\$162	\$194	\$214	\$296	\$352	\$408	\$492	\$564
	Non-Smoker One Adult & Children	\$119	\$125	\$149	\$165	\$228	\$271	\$314	\$379	\$434
	Non-Smoker Family	\$246	\$259	\$310	\$342	\$444	\$493	\$530	\$566	\$649

Regence BlueCross BlueShield of Oregon

2006 Monthly Rates for Individual Market Plans

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Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Breakthru \$500 Deductible	Smoker Individual	\$162	\$172	\$205	\$225	\$313	\$372	\$431	\$519	\$596
	Smoker Married Couple	\$324	\$344	\$410	\$450	\$626	\$744	\$862	\$1,038	\$1,192
	Smoker 1 Adult & Children	\$249	\$265	\$316	\$347	\$482	\$573	\$664	\$799	\$918
	Smoker Family	\$518	\$550	\$656	\$720	\$939	\$1,042	\$1,121	\$1,194	\$1,371
	Non-Smoker Individual	\$145	\$154	\$184	\$202	\$280	\$333	\$386	\$465	\$533
	Non-Smoker Married Couple	\$290	\$308	\$368	\$404	\$560	\$666	\$772	\$930	\$1,066
	Non-Smoker One Adult & Children	\$223	\$237	\$283	\$311	\$431	\$513	\$594	\$716	\$821
	Non-Smoker Family	\$464	\$493	\$589	\$646	\$840	\$932	\$1,004	\$1,070	\$1,226
Breakthru \$1,000 Deductible	Smoker Individual	\$129	\$136	\$163	\$179	\$248	\$295	\$342	\$412	\$472
	Smoker Married Couple	\$258	\$272	\$326	\$358	\$496	\$590	\$684	\$824	\$944
	Smoker One Adult & Children	\$199	\$209	\$251	\$276	\$382	\$454	\$527	\$634	\$727
	Smoker Family	\$413	\$435	\$522	\$573	\$744	\$826	\$889	\$948	\$1,086
	Non-Smoker Individual	\$115	\$122	\$146	\$160	\$222	\$264	\$306	\$368	\$423
	Non-Smoker Married Couple	\$230	\$244	\$292	\$320	\$444	\$528	\$612	\$736	\$846
	Non-Smoker One Adult & Children	\$177	\$188	\$225	\$246	\$342	\$407	\$471	\$567	\$651
	Non-Smoker Family	\$368	\$390	\$467	\$512	\$666	\$739	\$796	\$846	\$973
Breakthru \$1,500 Deductible	Smoker Individual	\$128	\$135	\$161	\$177	\$246	\$292	\$338	\$408	\$468
	Smoker Married Couple	\$256	\$270	\$322	\$354	\$492	\$584	\$676	\$816	\$936
	Smoker One Adult & Children	\$197	\$208	\$248	\$273	\$379	\$450	\$521	\$628	\$721
	Smoker Family	\$410	\$432	\$515	\$566	\$738	\$818	\$879	\$938	\$1,076
	Non-Smoker Individual	\$114	\$121	\$144	\$158	\$220	\$261	\$302	\$364	\$418
	Non-Smoker Married Couple	\$228	\$242	\$288	\$316	\$440	\$522	\$604	\$728	\$836
	Non-Smoker One Adult & Children	\$176	\$186	\$222	\$243	\$339	\$402	\$465	\$561	\$644
	Non-Smoker Family	\$365	\$387	\$461	\$506	\$660	\$731	\$785	\$837	\$961
Breakthru \$2,500 Deductible	Smoker Individual	\$46	\$49	\$58	\$64	\$88	\$105	\$122	\$147	\$168
	Smoker Married Couple	\$92	\$98	\$116	\$128	\$176	\$210	\$244	\$294	\$336
	Smoker 1 Adult & Children	\$71	\$75	\$89	\$99	\$136	\$162	\$188	\$226	\$259
	Smoker Family	\$147	\$157	\$186	\$205	\$264	\$294	\$317	\$338	\$386
	Non-Smoker Individual	\$41	\$43	\$51	\$56	\$78	\$93	\$108	\$130	\$149
	Non-Smoker Married Couple	\$82	\$86	\$102	\$112	\$156	\$186	\$216	\$260	\$298
	Non-Smoker One Adult & Children	\$63	\$66	\$79	\$86	\$120	\$143	\$166	\$200	\$229
	Non-Smoker Family	\$131	\$138	\$163	\$179	\$234	\$260	\$281	\$299	\$343
Breakthru \$3,000 Deductible	Smoker Individual	\$84	\$89	\$106	\$117	\$162	\$193	\$224	\$269	\$309
	Smoker Married Couple	\$168	\$178	\$212	\$234	\$324	\$386	\$448	\$538	\$618
	Smoker One Adult & Children	\$129	\$137	\$163	\$180	\$249	\$297	\$345	\$414	\$476
	Smoker Family	\$269	\$285	\$339	\$374	\$486	\$540	\$582	\$619	\$711
	Non-Smoker Individual	\$76	\$80	\$95	\$105	\$146	\$173	\$200	\$241	\$277
	Non-Smoker Married Couple	\$152	\$160	\$190	\$210	\$292	\$346	\$400	\$482	\$554
	Non-Smoker One Adult & Children	\$117	\$123	\$146	\$162	\$225	\$266	\$308	\$371	\$427
	Non-Smoker Family	\$243	\$256	\$304	\$336	\$438	\$484	\$520	\$554	\$637
Breakthru \$5,000 Deductible	Smoker Individual	\$38	\$40	\$47	\$52	\$72	\$86	\$100	\$120	\$138
	Smoker Married Couple	\$76	\$80	\$94	\$104	\$144	\$172	\$200	\$240	\$276
	Smoker One Adult & Children	\$59	\$62	\$72	\$80	\$111	\$132	\$154	\$185	\$213
	Smoker Family	\$122	\$128	\$150	\$166	\$216	\$241	\$260	\$276	\$317
	Non-Smoker Individual	\$34	\$36	\$42	\$47	\$65	\$77	\$89	\$107	\$123
	Non-Smoker Married Couple	\$68	\$72	\$84	\$94	\$130	\$154	\$178	\$214	\$246
	Non-Smoker One Adult & Children	\$52	\$55	\$65	\$72	\$100	\$119	\$137	\$165	\$189
	Non-Smoker Family	\$109	\$115	\$134	\$150	\$195	\$216	\$231	\$246	\$283

Regence BlueCross BlueShield of Oregon

2006 HSA Individual Plan Monthly Rates

Rate Effective Date 03/01/2006

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Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
HSA \$1,500 Deductible (\$3,000 for Family)	Smoker Individual	\$112.68	\$119.15	\$142.24	\$156.09	\$217.05	\$257.69	\$298.32	\$359.29	\$412.86
	Smoker Married Couple	\$207.23	\$219.12	\$261.59	\$287.06	\$399.17	\$473.91	\$548.64	\$660.76	\$759.27
	Smoker 1 Adult & Children	\$161.13	\$170.55	\$203.11	\$222.83	\$310.25	\$368.52	\$425.93	\$513.36	\$589.63
	Smoker Family	\$338.38	\$358.34	\$427.74	\$469.39	\$611.69	\$677.62	\$728.81	\$776.54	\$830.68
	Non-Smoker Individual	\$100.68	\$106.22	\$126.53	\$139.47	\$193.96	\$229.98	\$266.00	\$320.50	\$368.52
	Non-Smoker Married Couple	\$185.15	\$195.34	\$232.72	\$256.49	\$356.70	\$422.95	\$489.20	\$589.42	\$677.74
	Non-Smoker One Adult & Children	\$143.97	\$151.70	\$180.83	\$199.68	\$276.82	\$328.24	\$380.51	\$457.65	\$526.21
	Non-Smoker Family	\$302.81	\$319.29	\$380.02	\$419.07	\$546.61	\$604.74	\$649.87	\$692.38	\$796.49
HSA \$2,500 Deductible (\$5,000 for Family)	Smoker Individual	\$97.54	\$103.15	\$123.14	\$135.12	\$187.90	\$223.09	\$258.26	\$311.03	\$357.41
	Smoker Married Couple	\$169.33	\$179.04	\$213.74	\$234.55	\$326.15	\$387.23	\$448.29	\$539.89	\$620.39
	Smoker One Adult & Children	\$120.53	\$127.58	\$151.95	\$166.70	\$232.09	\$275.69	\$318.65	\$384.05	\$441.10
	Smoker Family	\$281.48	\$298.08	\$355.83	\$390.46	\$508.84	\$563.69	\$606.27	\$645.96	\$691.02
	Non-Smoker Individual	\$87.16	\$91.95	\$109.54	\$120.73	\$167.91	\$199.10	\$230.28	\$277.45	\$319.03
	Non-Smoker Married Couple	\$151.28	\$159.61	\$190.14	\$209.57	\$291.46	\$345.59	\$399.72	\$481.61	\$553.78
	Non-Smoker One Adult & Children	\$107.71	\$113.49	\$135.28	\$149.38	\$207.08	\$245.55	\$284.66	\$342.37	\$393.67
	Non-Smoker Family	\$251.89	\$265.60	\$316.13	\$348.60	\$454.70	\$503.06	\$540.59	\$575.96	\$662.57
HSA \$3,500 Deductible (\$7,000 for Family)	Smoker Individual	\$88.77	\$93.86	\$112.05	\$122.96	\$170.98	\$203.00	\$235.00	\$283.03	\$325.23
	Smoker Married Couple	\$148.09	\$156.58	\$186.93	\$205.14	\$285.25	\$338.66	\$392.07	\$472.19	\$542.59
	Smoker One Adult & Children	\$97.72	\$103.44	\$123.20	\$135.16	\$188.18	\$223.53	\$258.35	\$311.38	\$357.65
	Smoker Family	\$248.02	\$262.64	\$313.53	\$344.05	\$448.35	\$496.68	\$534.20	\$569.17	\$608.87
	Non-Smoker Individual	\$79.30	\$83.67	\$99.68	\$109.87	\$152.79	\$181.17	\$209.54	\$252.47	\$290.31
	Non-Smoker Married Couple	\$132.30	\$139.59	\$166.30	\$183.29	\$254.90	\$302.24	\$349.58	\$421.21	\$484.32
	Non-Smoker One Adult & Children	\$87.33	\$92.00	\$109.69	\$121.11	\$167.91	\$199.10	\$230.81	\$277.59	\$319.18
	Non-Smoker Family	\$221.95	\$234.03	\$278.55	\$307.17	\$400.65	\$443.26	\$476.33	\$507.49	\$583.80

Regence BlueShield of Idaho

2005 Monthly Rates for Individual Market Plans

Rate Effective Date 9/1/2005

Plan Name	Smoker/ Nonsmoker	Child/ Children	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+ Medicare Secondary	65+ Medicare Primary
Protection Plus \$750 Deductible	Nonsmoking	\$338/Child \$521Children	\$347	\$403	\$469	\$557	\$649	\$742	\$874	\$996	\$1,260	\$1,260	\$384
	Standard	\$380/Child \$586/Children	\$392	\$454	\$530	\$625	\$730	\$835	\$984	\$1,120	\$1,416	\$1,416	\$435
Protection Plus \$5,000 Deductible	N/A	\$138/Child \$212/Children	\$143	\$164	\$192	\$228	\$265	\$302	\$357	\$408	\$513	\$513	\$158

Lifewise Health Plan of Washington

2005 Monthly Rates for Individual Market Plans

Rate Effective Date 10/1/2005 to 06/30/2006

Per Adult	Passport 20			
	\$1,000 Deductible		\$1,500 Deductible	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Age Band				
<25	\$125	\$145	\$104	\$120
25-29	\$141	\$164	\$116	\$136
30-34	\$163	\$190	\$135	\$157
35-39	\$195	\$227	\$161	\$187
40-44	\$230	\$269	\$190	\$222
45-49	\$288	\$336	\$237	\$277
50-54	\$352	\$411	\$292	\$340
55-59	\$411	\$479	\$340	\$395
60+	\$468	\$543	\$388	\$450
Per Child	\$105		\$86	

Per Adult	Passport 30					
	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Age Band						
<25	\$134	\$156	\$109	\$127	\$94	\$110
25-29	\$150	\$175	\$122	\$142	\$107	\$123
30-34	\$174	\$203	\$141	\$164	\$123	\$143
35-39	\$207	\$242	\$168	\$197	\$147	\$171
40-44	\$246	\$287	\$200	\$232	\$174	\$203
45-49	\$306	\$358	\$249	\$291	\$218	\$253
50-54	\$375	\$438	\$305	\$356	\$267	\$311
55-59	\$438	\$510	\$356	\$414	\$311	\$362
60+	\$500	\$582	\$406	\$474	\$352	\$411
Per Child	\$111		\$90		\$78	

Per Adult	Passport 50							
	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible		\$2,000 Deductible	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Age Band								
<25	\$115	\$134	\$100	\$117	\$84	\$98	\$75	\$87
25-29	\$130	\$151	\$113	\$132	\$94	\$110	\$84	\$98
30-34	\$151	\$175	\$131	\$153	\$110	\$128	\$97	\$114
35-39	\$179	\$209	\$157	\$182	\$131	\$153	\$116	\$136
40-44	\$212	\$247	\$185	\$215	\$155	\$180	\$138	\$160
45-49	\$265	\$308	\$231	\$270	\$193	\$225	\$171	\$201
50-54	\$324	\$379	\$283	\$330	\$236	\$276	\$210	\$246
55-59	\$379	\$441	\$330	\$385	\$276	\$322	\$246	\$287
60+	\$431	\$502	\$375	\$438	\$314	\$367	\$280	\$325
Per Child	\$96		\$84		\$70		\$63	

Lifewise Health Plan of Washington

2005 Monthly Rates for Individual Market Plans

Rate Effective Date 10/1/2005 to 06/30/2006

Per Adult	HSA Individual				HSA Plus Individual	
	\$1,700 Deductible		\$2,500 Deductible		\$1,250 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$92	\$107	\$75	\$88	\$127	\$146
25-29	\$104	\$120	\$85	\$99	\$142	\$165
30-34	\$120	\$140	\$98	\$115	\$164	\$191
35-39	\$143	\$166	\$117	\$137	\$196	\$228
40-44	\$169	\$198	\$139	\$162	\$232	\$270
45-49	\$211	\$247	\$174	\$203	\$290	\$337
50-54	\$259	\$302	\$213	\$249	\$356	\$413
55-59	\$302	\$351	\$248	\$290	\$414	\$481
60+	\$345	\$399	\$281	\$329	\$473	\$547

Per Adult	HSA Family				HSA Plus Family	
	\$3,400 Deductible		\$5,000 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$67	\$78	\$58	\$67	\$105	\$122
25-29	\$75	\$88	\$65	\$75	\$117	\$137
30-34	\$88	\$102	\$74	\$87	\$136	\$159
35-39	\$105	\$121	\$89	\$104	\$162	\$189
40-44	\$123	\$144	\$106	\$122	\$192	\$225
45-49	\$155	\$180	\$132	\$154	\$241	\$280
50-54	\$189	\$221	\$161	\$188	\$295	\$343
55-59	\$221	\$257	\$188	\$219	\$343	\$401
60+	\$251	\$292	\$214	\$250	\$392	\$457
Per Child	\$56		\$48		\$87	

Per Adult	Essentials 25			
	\$1,500 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$60	\$69	\$46	\$53
25-29	\$67	\$78	\$51	\$61
30-34	\$77	\$90	\$60	\$70
35-39	\$92	\$108	\$71	\$84
40-44	\$109	\$128	\$84	\$98
45-49	\$137	\$159	\$105	\$123
50-54	\$167	\$196	\$129	\$151
55-59	\$195	\$228	\$150	\$176
60+	\$223	\$258	\$171	\$198
Per Child	\$49		\$38	

Per Adult	Essentials 50			
	\$1,500 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$50	\$59	\$41	\$48
25-29	\$56	\$66	\$46	\$53
30-34	\$65	\$76	\$53	\$63
35-39	\$77	\$90	\$64	\$74
40-44	\$92	\$107	\$75	\$88
45-49	\$115	\$134	\$94	\$110
50-54	\$140	\$164	\$116	\$135
55-59	\$164	\$191	\$135	\$157
60+	\$187	\$219	\$153	\$179
Per Child	\$42		\$35	